AEA Medicaid Service Form Report Date: 04/14/2003 Return By: 06/14/2003 Student's Name: _____ Birthdate: _____ Gender: _____ Diag Code: V70.99 Medicaid Number: _____ School District: Building: Amount (duration & frequency) of service as identified on student's IEP: IEP service delivery description: Unit **Date of Service** Procedure Time IEP Goal Size Student's Response and Progress (Month, day, year) Code(s) In Out Code(s) (#2) (#1) Unit Size (#2)

Procedure Codes (#1)	Psychological	Physical	Occupational	Speech	Audiological	Nurse	Social Work	Vision	Orient Mobil
Screening	T1023AH**	T1023GP**	T1023GO**	V5362**	V5008**	T1023TD**	T1023AJ**	99172/3	
Assessment	96100***	97001	97003	92506GN	92506UA	T1001	H0031	92012	
Direct Service Individual	90804AH*	(4 codes)	(3 codes)GO	92507GN	92507UA	T1002TD	90804AJ*	92014	
Direct Service Group	90853AH*	97150	97150GO	92508GN	92508UA	T1002HQ	90853AJ*	92499	97533
Contracted Services	90804TM*	(4 codes)TM	(3 codes)TM	92507TM	92507TM	T1002TM	H0046TM	92014TM	
Medication Management (use only when this is the sole service provided)					H0033				
Direct Service Individual (one hour unit- RN only)					99199***				

Units	Minutes	Units	Minutes
1	8-22	7	98-112
2	23-37	8	113-127
3	38-52	9	128-142
4	53-67	10	143-157
5	68-82	11	158-172
6	83-97	12	173-187

Validation of Service Report:	I hereby certify that the list of services provided on this form is a true and accurate representation of the facts and that all services were performed in compliance with the laws and agreements.
Service Provider N Discipline: Signature:	Name: Date:

Exceptions to 15 minute units

*	Units of service are 30 minutes and NOT 15 minutes.
**	Screening Codes are per encounter and not time related.
***	96100 and 99199 are one-hour unit

Revised: June 20, 2003